

FILED MAR 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4275

BIRTH NO. _____		REG. DIST. NO. 59		PRIMARY REG. DIST. NO. 5223		Registrar's No. 24			
1. PLACE OF DEATH a. COUNTY Cass.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cass					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Everett Twp.				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Everett Township.					
d. FULL NAME OF HOSPITAL OR INSTITUTION Farm Home, Near Main City, Mo.				d. STREET ADDRESS 2 miles N/E Main City, Mo.					
3. NAME OF DECEASED (Type or Print)		a. (First) OSCAR		b. (Middle) FRANCIS		c. (Last) ARNOLD.			
4. DATE OF DEATH		(Month) (Day) (Year)		Feb. 24, 1949					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed.		8. DATE OF BIRTH Feb. 15, 1872.			
9. AGE (In years, birthday) Months Days		0 0 9		10. KIND OF BUSINESS OR INDUSTRY Farming.		11. BIRTHPLACE (State or foreign country) Murphy, Indiana.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13a. FATHER'S NAME Jacob F. Arnold.		13b. MOTHER'S MAIDEN NAME Elmira Crawford.		14. NAME OF HUSBAND OR WIFE Minnie A. Arnold.					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. None.		17. INFORMANT'S SIGNATURE OR NAME Frank Arnold,		ADDRESS Drexel, Missouri			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) * This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Arteriosclerosis - Sudden Death ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 331X				INTERVAL BETWEEN ONSET AND DEATH Death	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Everett Township, Cass, Missouri					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from Dec 19, 1948, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE Basil O Hartwell M.D.		(Degree or title)		23b. ADDRESS Drexel, Missouri.		23c. DATE SIGNED 2/25/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial.		24b. DATE Feb. 26, 49.		24c. NAME OF CEMETERY OR CREMATORY Everett Cemetery.		24d. LOCATION (City, town, or county) (State) Everett Community, Mo.			
DATE REC'D BY LOCAL REG. 2/26/49		REGISTRAR'S SIGNATURE Laura J. Jones		51 0 5. FUNERAL DIRECTOR'S SIGNATURE Drexel, Mo.		ADDRESS			

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, personally

working under my ~~personal supervision~~

Student
Student Embalmer

Signed

Licensed Embalmer No.1950.

P. O. Address Drexel, Missouri.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.